

MAR 13 2002

FCC - MAILROOM

Note: This is a sample template, it is not an OMB approved form.

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

MRCC, INC

Parent Company Name

RURAL CELLULAR CORPORATION

Service Provider Name

DBA: UNICEL

Company Address, City, State, Zip

PO BOX 2000
ALEXANDRIA MN 56308

Service Provider Type

☒ Wireless

☐ Wireline

RCC MINNESOTA, INC

Name(s) of Wireless License Holder(s)

STACY PETERSON

Contact Name

320. 808. 2469

Contact Tel #

320. 808. 2120

Fax #

stacyrp@rccw.com

E-mail Address

Section 2

Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

ARROSTOOK, ME

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

207. 532. 7090

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

COMPLETE, STATE POLICE ANSWERED 911.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

COMPLETE.

Section 3

911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

NONE.

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

NONE.

Section 4

Certification - To be signed by an authorized representative of the reporting entity

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of _____.

Signature

Wesley E. Schultz

Printed name of authorized representative

WESLEY E SCHULTZ

Title

EXECUTIVE VICE PRESIDENT

Date

3/11/02

This filing is:



original filing



revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.